

and one small artery. Then the hæmorrhage ceased. Some hours afterwards, however, the bleeding again recurred, and the leg was amputated through the middle third by lateral flaps. Before, however, convalescence became established, it was necessary, on account of bleeding, to open up the stump and tie a small vessel. The end of the tibia having been found to be necrosed at the same time, a piece of it was sawn off.

The patient ultimately was sent to a convalescent home—having gained flesh rapidly after the last operation.—*Lancet*, March 12, 1887.

H. PERCY DUNN (London).

IV. Large Visible Pulsating Artery on the Posterior Wall of the Pharynx. By J. W. FARLOW, M. D. (Boston, Mass.). This is a report of five cases with remarks upon the importance of recognizing the condition in operations upon the region. (1). Two large pulsating vessels upon the back of the pharynx, about a quarter of an inch inside the posterior pillar of the fauces and lying directly beneath the mucous membrane; the vessels were nearly vertical and the left one had a more marked pulsation than the right; to the finger the impression was given of an artery as large as the radial. (2). A large pulsating vessel on the posterior wall of the pharynx on the left side. (3). An almost exact counterpart of the first case. (4). A large vessel on the back of the pharynx about half way between the uvula and the posterior pillar of the fauces on the right side; this case is reported from memory simply. (5). A large pulsating vessel on the right side of the posterior wall of the pharynx.—*Jour. Am. Med. Ass'n.*, April 2, 1887.

V. Cirroid Aneurism Treated by Simultaneous Ligature of both External Carotids. By THOMAS M. MARKOE, M. D. (New York). A man, æt. 20, had received, five years previously, a blow with a club on the left side of the head near the parietal eminence. A small lump had remained after the injury, and had slowly increased in size until in the course of two years, it had become a pulsating tumor. At the time of the operation he presented a large, soft, fluctuating tumor situated over the left parietal bone, toward which several large and

tortuous branches of the temporal artery converged and into which they manifestly opened; the same condition existed, though to a less degree, on the right side; the occipitals seemed to be but slightly involved. The pulsation was very marked in all parts of this mass of enlarged vessels, notably so in the central enlargement. A thrill was felt on placing the finger upon the vessels, and also a feeble bruit: the entire series of vessels was easily compressible. The patient had no pain, only a sense of discomfort about the head, and, when he stooped or made a violent effort or indulged in drinking, he felt a distressing sense of distention. The patient was very anxious to obtain relief, as the tumor had grown so rapidly as to cover the entire left side of the scalp, and the vessels were beginning to dilate on the opposite side. Both of the external carotids were then ligatured—below the lingual arteries so as to control the circulation through the occipitals—a procedure advocated by Bruns, because it seemed that the circulation through the scalp could thus be most effectually controlled. It was found at the time of operation that the central mass consisted of a large ampulla, with which several dilated arteries communicated. The pulsation ceased after the operation, and the dilated vessels gradually disappeared, but the ampulla still remained, although it no longer pulsed. While the cure in this case was not perfect, the operation performed seemed to give the best results. Extirpation of the tumor was another alternative, but it was limited to cases in which the mass was circumscribed and, while sometimes successful, was often fatal.—*N. Y. Surgical Society*, February 9, 1887.

VI. Ligature of the Popliteal Artery in Elephantiasis of the Leg. By EMANUEL DAGNINO, M. D. (Caraccas, Venezuela). Three cases are reported with a favorable result in each. (1). In a middle-aged man with his left leg and foot enormously enlarged by elephantiasis, the popliteal artery of that side was ligatured with considerable difficulty, owing to the alteration of the tissues of the limb by the disease; the wound healed in about fifteen days and from that time a marked amelioration of the elephantiasis was observed, which continued until his discharge two months later. (2). In a man, æt.